	erating Companies Jection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		341009	
<015>	Study Area Name		C-R TEL CO	
<020>	Program Year		2016	
<030>	Contact Name - Person L	JSAC should contact regarding this data	Barbara Galardo	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	2075354126 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	bgalardowfairpoint.com	
<810>	Reporting Carrier	C-R Telephone Company		
<811>	Holding Company	FairPoint Communications, Inc.		
<812>	Operating Company	C-R Telephone Company		

> 41>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Elltel Long Distance Corp.		dba FairPoint Long Distance
Enhanced Communications of Northern New England Inc		
ExOp of Missouri Inc.		
FairPoint Broadband, Inc.		
FairPoint Business Services LLC		
FairPoint Carrier Services, Inc.		
FairPoint Communications Missouri, Inc.	421472	dba FairPoint Communications Inc.
FairPoint Logistics, Inc. (f/k/a MJD Capital Corp.)		
FairPoint Vermont, Inc. (TG)	143331	dba FairPoint Communications Inc.
Germantown Independent Telephone Company	300618	dba FairPoint Communications Inc.
Germantown Long Distance Company		dba FairPoint Long Distance
GTC, Inc.	210291	(Florala) dba FairPoint Communications Inc
GTC, Inc.	210329	(Perry) dba FairPoint Communications Inc.
Maine Telephone Company, INC	100025	dba FairPoint Communications Inc.
Marianna Scenery Hill Telephone Company	170185	dba FairPoint Communications Inc.
Marianna Tel., Inc.		
MJD Services Corp.		
MJD Ventures, Inc.		
Northern New England Telephone Operations LLC (NNE	) 125113	dba FairPoint Communications Inc.
Northern New England Telephone Operations LLC (NNE	) 105111	dba FairPoint Communications Inc.
Northland Telephone Company of Maine, Inc.	103313	dba FairPoint Communications Inc.
Odin Telephone Exchange, Inc	341065	dba FairPoint Communications Inc.
Orwell Communications, Inc.		dba FairPoint Long Distance

100 经组	erating Companies			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code		341009	
<015>	Study Area Name		C-R TEL CO	
<020>	Program Year		2016	
<030>	Contact Name - Person I	JSAC should contact regarding this data	Barbara Galardo	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	2075354126 ext.	2
<039>	Contact Email Address -	Email Address of person identified in data line <030>	bgalardo@fairpoint.com	
<810>	Reporting Carrier	C-R Telephone Company		
<811>	Holding Company	FairPoint Communications, Inc.		
<812>	Operating Company	C-R Telephone Company		

813>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
Orwell Telephone Company	300649	dba FairPoint Communications Inc.
Peoples Mutual Long Distance		
Peoples Mutual Telephone Co	190244	dba FairPoint Communications Inc.
Quality One Technologies, Inc.		dba FairPoint Long Distance
Ravenswood Communications, Inc.		
Sidney Telephone Company	103313	dba FairPoint Communications Inc.
ST Enterprises, Ltd.		
ST Long Distance, Inc.		dba FairPoint Long Distance (Kansas, Colorado, Oklahoma
St. Joe Communications, Inc.	210339	dba FairPoint Communications Inc.
Standish Telephone Company, INC	100025	dba FairPoint Communications Inc.
Sunflower Telephone Co	461835	dba FairPoint Communications Inc.
Taconic Technology Corp.		
Taconic TelCom Corp.		dba FairPoint Long Distance
Taconic Telephone Corp.	150084	dba FairPoint Communications Inc.
Telephone Operating Company of Vermont LLC (NNE)	145115	dba FairPoint Communications Inc.
UI Long Distance, Inc.		dba FairPoint Long Distance
Utilities, Inc.		dba FairPoint Communications Inc.
YCOM Networks, Inc.	522453	dba FairPoint Communications Inc.
	-	

FCC Form 481

Line 112- Service Quality Improvement Reporting {47 CFR 54.313(a)(1)}

1. In the FCC's Public Notice DA 14-951, released May 1, 2014, the FCC waived the requirement for price cap ETCs to file a five-year plan. The bureau stated that "until the [Connect America Phase II forward-looking] cost model is adopted and incumbents have the opportunity to accept a state-level commitment, it does not serve the public interest" to require price cap ETCs to file five-year plans.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> Connect America Fund et al. WC Docket No. 10-90 et al., Order, 28 FCC Rcd 2051, 2054, para. 8 (Wireline Comp. Bur. 2013) (ETC Reporting Requirements Order).

C & R Telephone Company Illinois 341009

Line 510: Service Quality Reporting/Consumer Protection Rules Compliance

C & R Telephone Company, hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company complies with service quality and consumer protection provisions under state law. These provisions include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of The Illinois Public Service Commission which discloses rates, terms and conditions of service to customers; (2) compliance with state consumer protection provisions relating to Customer Services as identified in the Code of State Regulations, compliance with provisions for Quality of Service as identified in the Code of State Regulations, compliance with Service Objectives as identified in the Code of State Regulations, compliance with customer Inquiry procedure as identified in the Code of State Regulations, compliance with Dispute standards as identified in the Code of State Regulations; (3) compliance with truth-in-billing requirements; and (4) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

In establishing this certification in its 2005 ETC Order,<sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." <sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."<sup>3</sup>

C-R Telephone Company, The El Paso Telephone Company, and Odin Telephone Exchange d/b/a FairPoint Communications are subject to Service Quality standards in Illinois. The following measurements are monitored: Installation of basic local exchange service, Restoration of basic local exchange service, and repair and installation appointments for basic local exchange service. Customers are credited by the Provider for violations of basic local exchange service quality standards. The rules require each telecommunications carrier to provide to the Commission, on a quarterly basis and in a form suitable for posting on the Commission's website, a public report that includes performance data for basic local exchange service quality of service.

If a customer has a concern about their FairPoint Communications' service or billing, he/she can contact repair service, technical support or customer service with information found on their statement. Customers may also contact agencies, through information posted in the phone directory, website, and tariff pages. All consumer complaints whether from Attorney Generals' offices, Public Utility Commissions, Better Business Bureaus, Federal Communications Commission and all other agencies are sent to the FairPoint Communications' Maine office via U.S. Mail or by electronic mail at <a href="mailto:consumer@fairpoint.com">consumer@fairpoint.com</a>. The complaints are directed to the appropriate responsible Company Team member within FairPoint Communications for resolution and response to the customer.

<sup>&</sup>lt;sup>1</sup> Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>&</sup>lt;sup>2</sup> Id. at para. 28.



FairPoint Communications 1 Davis Farm Road Portland, ME 04103

# **Business Continuity Plan Overview**

## Introduction

FairPoint Communications, Inc. ("FairPoint") is committed to maintaining a vigilant state of disaster preparedness for the interests of our customers, stockholders, employees and other critical stakeholders.

The purpose of our Business Continuity Plan ("BCP") is to define the disaster preparedness and recovery protocols and procedures required to restore FairPoint's critical business support functions, inside and outside plant systems and operations within FairPoint's operating footprint.

BCP components detail FairPoint's procedures for preparing for and responding to an emergency situation affecting our ability to deliver core services to our customers and our ability to meet legal dictates, and regulatory requirements.

This document discusses the following:

- BCP Scope
- BCP Components
- Plan Maintenance

## **BCP Scope**

FairPoint's business continuity response planning is concentrated on two critical operational areas:

- <u>Customer Interfacing</u> It is recognized that a "business impact" only occurs when an <u>external-interfacing</u> element is disrupted. In essence, this means that if FairPoint experiences a disruptive event, but one that does not breach the outer-shell of the FairPoint operation and interrupt critical customer services, customer product or other external end-user, then it does not have a business impact, as defined by the BCP
- <u>Infrastructure Integrity</u> Without critical infrastructure systems, the ability for all other FairPoint business operations (back / front office) can come to a halt. It is these infrastructure systems that provide the critical human-factor of our customer-interfacing services. Critical infrastructure would address such services / systems as, building space for staff and equipment, service utilities, telecommunications and data network, IT network, and related infrastructure based items.

The BCP has been developed to assure the continuity of critical customer interfacing services and systems should a physical incident or workforce disruption event occur, which affects:

- Information Technology ("IT")
- Administrative and Support Operations
- Inside and Outside Plant Operations
- Network Operations Center ("NOC")
- Enhanced 9-1-1 ("E-911")
- Dispatch
- Repair Center

FairPoint has developed response / recovery strategies addressing physically disruptive incidents and workforce related disruptive incidents. All response strategies are based on recovery time objectives of those department functions and critical infrastructure systems essential to sustain customer interfacing services.



FairPoint Communications 1 Davis Farm Road Portland, ME 04103

## **BCP Components**

The BCP consists of several components:

- Operational Preparedness for Expected Events (i.e. weather related events)
- Event / Crisis Communication Plan
- Redundancy Mapping
- Department Recovery Plans
- Information Technology Continuity Plan

The following is a brief summary of the plan components.

## Operational Preparedness for Expected Events

Weather events such snow, ice and wind can negatively impact power and communications infrastructure. While this threat cannot be eliminated, FairPoint takes steps to mitigate a storm's impact through preparedness and response. Steps include:

- Pre-event planning based on information provided by National Oceanic and Atmospheric Administration ("NOAA")
- Coordinate planning and recovery efforts through state emergency management groups
- Engage supply chain vendors to delivery additional stock prior to the expected event
- Inspect, test and fuel emergency generators in anticipation of a power outage
- · Reallocate / relocate staff in order to respond to the pending event

#### **Event / Crisis Communication Plan**

Communications is a key element to respond and recover business operations. Event / Crisis Communications are facilitated by FairPoint's Risk Management Team who assume the role of incident command from the onset of the event until normal operations are resumed.

FairPoint uses a dual level communication strategy as part the Event Communication Plan. The primary level is the workgroup comprised of both employees and vendors that are directly involved in the recovery work. The secondary level consists of internal interested parties made up of our Strategic Leadership Team. The role of the secondary level is to facilitate communications both internally and externally regarding the event and our path to response and recovery. For 2014, FairPoint has partnered with SunGard and will be deploying a hosted event communication platform in order increase our speed and reach of communications during an event.

#### Redundancy Mapping

The process of redundancy mapping reviews operations within the FairPoint organization to identify alternate facilities and work locations that can be used in the event a primary location is not accessible. Given the geographic spread of FairPoint's Northern New England footprint, capabilities exist to relocate operations from event impacted areas. Through the mapping process, FairPoint is able to identify single points of failure and develop alternative work processes.

# **Department Recovery Plans**

Each department has developed a recovery plan based on its critical operations as they pertain to the deliverables they contribute to our customers. FairPoint has triaged the recovery efforts based on the concept of customer servicing impact. Federal and State regulatory requirements, along with E-911 needs, have a high level of consideration in addition to the business impact concerns. The BCP goal is to minimize the disruption duration as much as is practical and provide a level of risk mitigation that will maintain critical operations. The recovery plans are built around a 24hour to 72hours response plan. This methodology



FairPoint Communications 1 Davis Farm Road Portland, ME 04103

focuses on the immediate steps that need to be taken to recover functional operations within short duration events (less than 24 hours) and well as long term plans to maintain functionality during an extended event (up to, or greater than 72 hours).

## IT Recovery Plan

Like most operations, FairPoint is dependent on an IT infrastructure to conduct business and serve customers. Because of its importance, FairPoint has a continuity plan established specifically for IT operations. The IT continuity plan addresses security and access control of data sites, onsite / offsite data backup methods, processes for sequencing of system(s) recoveries and ultimately the use and execution of our established Disaster Recovery Site located outside the FairPoint footprint.

Plan Maintenance and Exercising

The BCP is a so called "living" document. Updates to the plan are ongoing with changes incorporated annually at a minimum. Individual plan components are reviewed with oversight from FairPoint's Risk Management Team. In 2013, FairPoint began the process of migrating the BCP onto a cloud based solution which will allow access to the plan components from any computer, smartphone and tablet.

FCC FORM 481

Line 1010 - Voice Service Rate Comparability

The pricing of the company's voice service rate is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice, FCC DA15-470 released on April 16, 2015.

For Rates See Attachment: (700) Company Price Offerings (voice)

# REDACTED FOR PUBLIC INSPECTION Form 481 Line 1210- Terms & Conditions for Lifeline Customers

C-R Telephone Company provides a Lifeline Program discount for residence service for eligible low income customers. The Lifeline Program discount is applied to any month to month residence local service, package or bundle offering. The discount is intended to offset the Subscriber Line Charge and local line charge, although eligible packages and bundles may have toll calling included in the pricing for the offering.

The tariff pages outlining the terms of the Lifeline Program in C-R Telephone Company are attached. The terms and conditions of residential basic local exchange service, package and bundle offerings can be found at http://www.tariffs.net/fairpoint/tier.asp?cid=1644.

# Form 481 Line 1210- Terms & Conditions for Lifeline Customers

C-R Telephone Company d/b/a FairPoint Communications/ C-R Telephone Company ILL C.C. NO. 12
Section 15
Twelfth Revised Sheet No. 3
Cancels Eleventh Revised Sheet No. 3

## TELEPHONE ASSISTANCE PROGRAMS

## 15. Telephone Assistance Programs (Cont'd.)

## 15.2.1 Universal Telephone Assistance Program (UTSAP) Voluntary Funding

- A. Customers wishing to participate in the funding of UTSAP may do so by electing to contribute, on a monthly basis, a fixed amount to be included by the company on the customer's monthly bill. The voluntary contribution shall not reduce the customer's total monthly bill amount due the Company for telephone services or other charges.
  - Residential customers may elect to contribute \$.50, \$1.00, \$2.00 or \$5.00 per month.
  - Business customers may elect to contribute \$1.00, \$5.00, \$10.00 or \$25.00 per month.
- B. Customers may elect to discontinue or change the amount of monthly contribution on their bill at any time upon providing at least 30 days notice to the Company.
- C. Failure by the customer in any month to remit the entire billed amount shall reduce the UTSAP contribution accordingly.

## 15.3 <u>Lifeline Program</u>

## A. General

- The lifetine Program is a federally funded program established to provide monthly assistance to low income households as described in Title 47 of the Code of Federal Regulations, Section 54. Eligible subscribers may receive a discount on monthly residential local exchange access service of \$2.75. In addition, the Federal Subscriber Line Charge of \$6.50 will be waived for a total monthly credit of \$9.25. A qualified household may receive Lifeline assistance for only one residence access line.
- A Lifeline applicant must participate in any of the following assistance programs to establish elegibility:
  - a. Medicaid
  - Supplmental Nutrition Assistance Program, formerly Food Stamps
  - c. Supplemental Security Assistance
  - d. Federal Public Housing Assistance
  - e. Low Income Home Energy Assistance (LIHEAP)
  - f. National School Lunch Program's free lunch program
  - g. Temporary Assistance to Needy Families (TANF)

Effective: 08/01/2012

(I)

(I)

## Form 481 Line 1210- Terms & Conditions for Lifeline Customers

C-R Telephone Company d/b/a FairPoint Communications/ C-R Telephone Company

15.3

ILL C.C. NO. 12 Section 15 First Revised Sheet No. 4 Cancels Original Sheet No. 4

#### TELEPHONE ASSISTANCE PROGRAMS

# 15. Telephone Assistance Programs (Cont'd.)

#### (T) Lifeline Program (Cont'd.) (N) In addition, an applicant may qualify if household income is at or below 135% of the Federal Poverty Guidelines for a household of that size. A Lifeline applicant must certify eligibility as required in Title 47 of the Code of (N) Federal Regulations, Section 54. (M1) 3. Lifeline service shall not be disconnected for non-payment of toll charges. 4. Qualifying low-income subscribers who voluntarily elect toll blocking, where available, will not be required to pay a service deposit in order to initiate Lifeline Service. This service will only be provided at the customer's request. 5. Qualifying Lifeline customers will not be charged a monthly number- portability (MI) charge.

(M1) Information that originally appeared in Section 15, Tenth Revised Sheet No. 3 now appears in Section 15, First Revised Sheet No. 4

Issued: 05/10/2012

Effective: 06/01/2012

CC For	rm 481 - Carrier Annual Reporting RED/ Data Collection Form	ACTED FOR PUBLIC	NSPECTION	FCC Form 481 OMB Control No. 3060-0986/ON July 2013	
<010>	Study Area Code	300618		Accepted /	Filed
<015>	Study Area Name	GERMANTOWN INDEPEND	)		
<020>	Program Year	2016		JUN 302	015
<030>	Contact Name: Person USAC should contact with questions about this data	Barbara Galardo	)	Federal Communications	Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030	2075354126 ext.		Office of the Secr	etary
<039>	Contact Email Address: Email of the person identified in data line <030>	bgalardo@fairpoint.	com		
NNUA	AL REPORTING FOR ALL CARRIERS	r. 4.*		Con	4.313 54.422 opletion Completic guired Required
	Service Quality Improvement Reporting		(complete attached work	(ch	eck box when complete)
200>	Outage Reporting (voice)		(complete attached world		/ /
210>		no outages to report			
300>	Unfulfilled Service Requests (voice)		in also	_	
310>	Detail on Attempts (voice)			(attach descriptive document)	
<320>	Unfulfilled Service Requests (broadband)				·
<330>	Detail on Attempts (broadband)			(attach descriptive document	
:400>	Number of Complaints per 1,000 customers (voic	e)			
410>	Fixed				/ 11 /
420>	Mobile			<u></u>	
<430> <440>	Number of Complaints per 1,000 customers (broat	idband)			1 IIII
450>	Mobile				
500>	Service Quality Standards & Consumer Protection	Rules Compliance	(check to indicate certi)	ication)	/ /
	3006180H510.pdf				
510>	1		(attoched descriptive	document)	1
	, (2)				
600s	Functionality in Emergency Situations		(check to indicate certi)	ication	1 1
000-	3006180H610.pdf		7	L	·
			(attached descriptive do	cument)	1 1
610>	I .			ndoniuses un	
			J.,	2000 000	/ 43333
700>	Company Price Offerings (voice)		(complete attached was		11111
710>	Company Price Offerings (broadband)  Operating Companies and Affiliates		(complete attached wo	1040 1740 0	7 1 7
800> 900>	Tribal Land Offerings (Y/N)?	(III	(complete attached wor yes, complete attached wor		
	Voice Services Rate Comparability Certification	_	es		
	1010 Voice Service Rate Comparability.pdf		7		-1000
1010	•		(attach descriptive doc	ument)	
1100	> Certify whether terrestrial backhaul options exist	(Yes or No) O	(if not, check to indica	te certification)	
1110>	Terms and Condition for Lifeline Customers		(complete attached wo	200	
	Price Cap Carriers, Proceed to Price Cap Addition	al Documentation Work			
	Including Rate-of-Return Carriers affiliated with	and the support of the support of the support			, 1
2000>			(check to indicate certif	and the	V IIIII
2005>	Rate of Return Carriers, Proceed to ROR Addition	al Documentation West	(complete attached wor	ksheet)	A. Marie Control
3000>	nate of neturn carriers, Proceed to NON Addition	a Documentation Work	(check to Indicate certif	ication)	1888
3005>			(complete attached wor		1888

ata CO	rvice Quality Improvement Reporting  llection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	300618
:015>	Study Area Name	GERMANTOWN INDEPEND
:020>	Program Year	2016
030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
:035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
:039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) O
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O O
	voice telephony service.	112 Service Quality Improvement Reporting 2015.pdf
<112>	voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	
:112>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your c CETC which only receives frozen support, your progress report is only	Name of Attached Document
	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confine that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be	Name of Attached Document
:113>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document  rmyear
113> 114>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.  Maps detailing progress towards meeting plan targets	Name of Attached Document  The repear see    Not Applicable   Not Applicable   Not Applicable
:113> :114> :115>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.  Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received	Name of Attached Document  The service quality  Not Applicable  Not Applicable  Not Applicable  Not Applicable
2112> 2113> 2114> 2115> 2116> 2117>	Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.  Maps detailing progress towards meeting plan targets  Report how much universal service (USF) support was received  How much (USF) was used to improve service quality and how support was used to improve	Name of Attached Document  To Not Applicable  Not Applicable

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	300618
<015>	Study Area Name	GERMANTOWN INDEPEND
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<8>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>&gt;</h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures

(700) Price Offerings including Voice Rate Data		1944 - 100 P	FCC Form 481
Data Collection Form		A	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	<b>建设建设。</b>	34 1	July 2013

<010>	Study Area Code	300618
<015>	Study Area Name	GERMANTOWN INDEPEND
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 1/1/2015

<703>	<al></al>	<a2></a2>	<83>	<b1></b1>	<b2></b2>	<b3></b3>	 <b4></b4>	<bs>&lt;</bs>	<0>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
								20	
-									
+									
					See at	tached worksheet			
1		1 1111		——————————————————————————————————————			1		
ł								-	
ł									
								1	
ł									
[									

(710) Broadband Price Offerings			FCC Form 481
Data Collection Form	A CALL TO THE PARTY OF THE PART	1	OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013

<010>	Study Area Code	300618
<015>	Study Area Name	GERMANTOWN INDEPEND
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com

<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<b>«»</b>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
			See attack worksheet -	hed				
				State Exchange (ILEC) Residential Rate Fees  - See attac	State Exchange (ILEC) Residential Rate Fees Total Rate and Fees  - See attached	State Exchange (ILEC)  Residential Rate  State Regulated Fees  Total Rate and Fees  (Mbps)  See attached	State Exchange (ILEC)  Residential Rate  State Regulated Fees  Total Rate and Fees  Broadband Service - Download Speed (Mbps)  Upload Speed (Mbps)  - See attached	State Exchange (ILEC)  Residential Rate  State Regulated Fees  Total Rate and Fees  Total Rate and Fees  Broadband Service - Download Speed (Mbps)  Usage Allowance (IGB)  Usage Allowance (IGB)

(800) Operating Companies

ection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Study Area Code		300618	
Study Area Name		GERMANTOWN INDEPEND	
Program Year		2016	
Contact Name - Person USAC should contact regarding this data		Barbara Galardo	
Contact Telephone Nur	mber - Number of person identified in data line <030>	2075354126 ext.	
Contact Email Address	- Email Address of person identified in data line <030>	bgalardo@fairpoint.com	
Reporting Carrier	Germantown Independent Telephone Company		
Holding Company	FairPoint Communications, Inc.		
Operating Company	Germantown Independent Telephone Company		
֡	Study Area Code Study Area Name Program Year Contact Name - Person Contact Telephone Nur Contact Email Address Reporting Carrier Holding Company	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Reporting Carrier  Germantown Independent Telephone Company Holding Company FairPoint Communications, Inc.	Study Area Code  Study Area Name  GERMANTOWN INDEPEND  Program Year  Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>  bgalardo@fairpoint.com  Reporting Carrier  Germantown Independent Telephone Company  Holding Company  FairPoint Communications, Inc.

<al></al>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
	V	
5	See attached worksh	neet
	See difference worker	

100000000000000000000000000000000000000	oal Lands Reporting ection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Sinkerey 2					July 2013
<010>	Study Area Code		300618		26
<015>	Study Area Name		GERMANTOWN IN	DEPEND	
<020>	Program Year		2016		
<030>	Contact Name - Person USAC should contact regarding this data		Barbara Galar		
<035>	Contact Telephone Number - Number of person identified in data line		2075354126 ex	t.	0.000
<039>	Contact Email Address - Email Address of person identified in data line	<030>	bgalardo@fair	point.com	
<910>	Tribal Land(s) on which ETC Serves				
					n n en e
	L L		-		
<920>	Tribal Government Engagement Obligation				
				Name of Att	ached Document
to confir demons	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes on the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 8(a)(9) includes:	Yes	elect or No or Applicable		
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;				
<923>					
<924>	Marketing services in a culturally sensitive manner; Compliance with Rights of way processes				
		-			
<925>	Compliance with Land Use permitting requirements				
<926>	Compliance with Facilities Siting rules				
<927>	Compliance with Environmental Review processes				
<928>	Compliance with Cultural Preservation review processes				
<929>	Compliance with Tribal Business and Licensing requirements.				
	*				

AND SECTION OF SECUL	lo Terrestrial Backhaul Reporting llection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No July 2013	. 3060-0819
<010>	Study Area Code	300618	
<015>	Study Area Name	GERMANTOWN INDEPEND	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo	
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com	7.00
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	300618
<015>	Study Area Name	GERMANTOWN INDEPEND
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Name of Attached Document
<1220>	Link to Public Website HTTP w	ww.tariffs.net/fairpoint/tier.asp?cid+1644
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

100 F 100	ice Cap Carrier Additional Documentation			FCC Form 481
Data Coll	lection Form			OMB Cantrol No. 3060-0986/OMB Control No. 3060-0819
ncluding	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013
<010>	Study Area Code		-	
<015>	Study Area Name	300618		
<020>	Program Year	GERMANTOWN INDEE	PEND	
<030>	Contact Name - Person USAC should contact regarding this data	2016		
<035>	Contact Telephone Number - Number of person identified in data line <030>	Barbara Galardo		
<039>	Contact Email Address - Email Address of person identified in data line <030>	Dgalardowrairpoi	int.com	
Select th	e appropriate responses below (Yes, No, Not Applicable) to note compliance as	a recipient of Increme	ental Connect America Phase I support, froze	n High Cost support, High Cost support to offset access charge reduction:
	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform			
	Incremental Connect America Phase I reporting		Not Applicable	1
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)		NOT Applicable	4
<2011a	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}			
<2011b	Attachment {47 CFR § 54.313(b)(1)ii}			
			1	21
			Name of Attached Document(s) Listing Re-	quired Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))			
<2013>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))			
<2014>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))		Yes	
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))		tres	
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		[N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
<2016>	<ul> <li>Certification Support Used to Build Broadband</li> </ul>		Not Applicable	
	Connect America Phase II Reporting (47 CFR § 54.313(e))			
<2017>	Sid fedi bioddodid Service Certification			
<2018	Sai fear broadband Service certification			
<2019	Interim Progress Certification		L.	
<2020>	<ul> <li>Please check the box to confirm that the attached document(s), on lin pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s addresses of community anchor institutions to which began providing preceding calendar year.</li> </ul>	shall provide the nu	mber, names, and	
<2021	Interim Progress Community Anchor Institutions			43

## REDACTED FOR PUBLIC INSPECTION FCC Form 481

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form

OMB Control No. 3050-0985/OMB Control No. 3060-0819

		July 2013
<010>	Study Area Code	300618
<015>	Study Area Name	GERMANTOWN INDEPEND
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	2075354126 ext.
This was a	Contact Email Address - Email Address of person wentined in data line 4030	Doglardowralroint, com
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua	nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47
	CFR § 54.313(f)(2). I further certify that to	he information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan	P
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
200000	Please check this box to confirm that the attached document(s), on line	3012 contains the required information pursuant to
(3011)	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addr	
	providing access to broadband service in the preceding calendar year.	
		1
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	1
		Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No)
(3014)	If yes, does your company file the RUS annual report	(Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
(5525)	Telecommunications Borrowers)	<b>-</b>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual	1
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	report and all required documentation	1
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Éither a copy of their audited financial statement; or (2) a financial report in a f	ormat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows
(3021)	Management letter and audit opinion issued by the independent certified p	ublic accountant that performed the company's financial audit
	If the response is no on line 3018, please check the boxes below	
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
	contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications	
20110	Borrowers,	
(3023)	Underlying information subjected to a review by an independent certified public accountant	
(3024)	Underlying information subjected to an officer certification.	<b>├</b> ──
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Co	ash Flows
en contrata d		
	Olderstand, Section (CONSCIENT AND ADDRESS OF THE CONSCIENT AND ADDRESS OF	
(3026)	Attach the worksheet listing required information	The state of the s
	3-91 /S	1 H
	0 0 00 00 00 E	
		Name of Attached Document Listing Required Information

# (3000) Rate Of Return Carrier Additional Documentation (Continued) Data Collection Form

# REDACTED FOR PUBLIC INSPECTION

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Study Area Code	300618
Study Area Name	GERMANTOWN INDEPEND
Program Year	2016
Contact Name - Person USAC should contact regarding this data	Barbara Galardo
Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.
Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier Data Collection Form		注意	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	300618		
<015>	Study Area Name	GERMANTOWN INDEPEND		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Barbara Galardo		
<035>	Contact Telephone Number - Number of person identified in data line <030>	2075354126 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	bgalardo@fairpoint.co	om	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: GERMANTOWN INDEPEND					
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2015				
Printed name of Authorized Officer: Mike Skrivan	*				
Title or position of Authorized Officer: Vice President Regu	latory				
Telephone number of Authorized Officer: 2075354150 ext.					
Study Area Code of Reporting Carrier: 300618	Filing Due Date for this form: 07/01/2015				

<010>         Study Area Code         300618           <015>         Study Area Name         GERMANTOWN INDEPEND           <020>         Program Year         2016	OMB Control No. 3060-0819
NOTES STREET TRAINE	
<020> Program Year 2016	
<030> Contact Name - Person USAC should contact regarding this data Barbara Galardo	
<035> Contact Telephone Number - Number of person identified in data line <030> 2075354126 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030> bgalardo@fairpoint.com	

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier				
also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier							
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.							
Name of Reporting Carrier:							
Name of Authorized Agent or Employee of Agent:							
Signature of Authorized Agent or Employee of Agent:		Date:					
Printed name of Authorized Agent or Employee of Agent:							
Title or position of Authorized Agent or Employee of Agent							
Telephone number of Authorized Agent or Employee of Ag	ent:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:						

Attachments